

# The Oral Health of Children: A Portrait of States and the Nation 2005

**Suggested citation:**

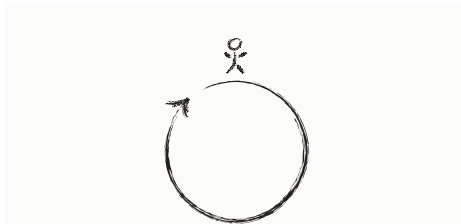
U.S. Department of Health and Human Services,  
Health Resources and Services Administration,  
Maternal and Child Health Bureau.  
*The National Survey of Children's Health 2003.*  
Rockville, Maryland: U.S. Department  
of Health and Human Services, 2005.

Individual copies of this report are available  
at no cost from the HRSA Information Center,  
P.O. Box 2910, Merrifield, VA 22116;  
1-888-ASK-HRSA; or [ask@hrsa.gov](mailto:ask@hrsa.gov).  
The publication is also available online at  
[www.mchb.hrsa.gov](http://www.mchb.hrsa.gov) and [www.cdc.gov/nchs/slats.htm](http://www.cdc.gov/nchs/slats.htm)



## Table of Contents

<b>Introduction</b>	<b>4</b>
---------------------	----------



## A Portrait of the Nation 7

Condition of Children's Teeth	8
Problems with Teeth	11
Use of Preventive Dental Care	12
Need for Preventive Care	14
Receipt of All Needed Preventive Dental Care	15
Reasons for Not Receiving Needed Dental Care	16

## State Data 19

Alabama	20
Alaska	20
Arizona	21
Arkansas	21
California	22
Colorado	22
Connecticut	23
Delaware	23
District of Columbia	24
Florida	24
Georgia	25
Hawaii	25
Idaho	26
Illinois	26
Indiana	27
Iowa	27
Kansas	28
Kentucky	28
Louisiana	29
Maine	29
Maryland	30
Massachusetts	30
Michigan	31
Minnesota	31
Mississippi	32
Missouri	32
Montana	33
Nebraska	33
Nevada	34
New Hampshire	34
New Jersey	35
New Mexico	35
New York	36
North Carolina	36
North Dakota	37
Ohio	37
Oklahoma	38
Oregon	38

Pennsylvania	39
Rhode Island	39
South Carolina	40
South Dakota	40
Tennessee	41
Texas	41
Utah	42
Vermont	42
Virginia	43
Washington	43
West Virginia	44
Wisconsin	44
Wyoming	45

Technical Appendix	47
Endnotes	48



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services  
Administration

Rockville MD 20857

Dear Colleagues:

The Health Resources and Services Administration is pleased to present this chartbook highlighting the major findings of the National Survey of Children's Health on children's oral health. This survey, the first of its kind, presents national- and state-level information on the health and well-being of children and their use of health services, including oral health and dental care.

The survey includes many positive findings about children's oral health. It found that most children's teeth are in excellent or very good condition, and most receive annual preventive dental care and do not go without needed dental care. Overall, 90.4 percent of children have teeth that are in excellent, very good, or good condition, according to their parents, and 72 percent had a preventive dental visit in the past year. Moreover, the parents of 92.9 percent of children report that their children had received all the dental care they needed in the past year.

However, some groups of children do not enjoy good oral health and do not receive all the care they need. Younger children are less likely to receive preventive dental health care than are school-aged children and fewer than one-quarter of 2-year-olds received a preventive dental visit, despite the recommendation that all children see a dentist by age 1. Also of concern is the finding that the parents of 88.9 percent of children who did not see a dentist in the past year did not believe that their children needed a preventive dental visit.

We at HRSA hope that these findings provide useful information on children's oral health and are helpful in your efforts to promote appropriate dental care among children.

Sincerely,



Elizabeth M. Duke  
Administrator



## Introduction

The National Survey of Children's Health (NSCH) was designed to measure the health and well-being of children from birth to age 17 in the United States while taking into account the environment in which they grow and develop. Conducted for the first time in 2003, the survey collected information from parents about their children's health, including oral, physical and mental health, health care utilization and insurance status, and social well-being. Aspects of the child's environment that were assessed in the survey include family structure, poverty level, parental health and behaviors, and community surroundings. The survey was supported and developed by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and was conducted by the Centers for Disease Control and Prevention, National Center for Health Statistics.

One essential aspect of children's health measured in the survey was oral health. Parents with children 1 year of age or older who had natural teeth that had erupted were asked about the condition of their child's teeth and their use of and access to dental care. Oral health is critically important to the overall health and well-being of children. Left untreated, pain and infection caused by tooth decay can lead to problems in eating, speaking, and learning.<sup>1</sup> An estimated 51 million school hours are lost every year due to dental-related illness. Studies suggest that children experiencing tooth pain do not score as well on tests as children who are not distracted by pain.<sup>2</sup>

Despite the established importance of oral health, it is estimated that

dental caries (tooth decay) is five times more common than asthma and seven times more common than hay fever in children. In fact, dental caries is the most common chronic childhood disease.<sup>3</sup> Even young children can be affected because a child's teeth are susceptible to decay as soon as they begin to erupt. The presence of one or more decayed (non-cavitated or cavitated lesions), missing (due to caries), or filled tooth surfaces in any primary tooth in a preschool-age child between birth and 71 months is known as Early Childhood Caries (ECC).<sup>4</sup> To maintain oral health, professionals recommend brushing infants' teeth with water as soon as the first tooth erupts, usually at around age 6 to 10 months, and beginning preventive dental visits within 6 months of the eruption of the first primary tooth, and no later than 12 months of age.<sup>5,6</sup>

The NSCH found that most parents reported that their child's teeth are in excellent or very good condition, and most receive annual preventive dental care and do not go without needed dental care. Overall, the parents of 68.5 percent of children reported that their child's teeth were in excellent or very good condition; the teeth of another 21.9 percent were reported to be in good condition. This rate varies by age, with 77.7 percent of young children (ages 1 to 5 years) having teeth reported to be in excellent/very good health, compared to only 61.8 percent of 6- to 11-year-olds and 67.5 percent of 12- to 17-year-olds.

The survey also addressed children's oral health in relation to their physical health. While children with special health care needs are somewhat less likely than children without special health care needs to have teeth that

are in excellent or very good condition, there was a greater difference among children by overall physical health status. Children reported to be in excellent or very good physical health were much more likely to have teeth reported to be in excellent or very good condition than children in good, fair, or poor health (74.4 versus 38.0 percent).

Despite the recommendation that caregivers and parents begin preventive dental care visits for children by 12 months of age, the NSCH shows that only 10.1 percent of 1-year-olds and 23.8 percent of 2-year-olds received a preventive dental visit in the past year. Preventive dental care in the past year was most common among 6- to 11-year-olds (83.7 percent). Overall, 28 percent of children did not receive preventive dental care in the past year. By race and ethnicity, White children were most likely to receive preventive dental care in the past year (77.0 percent), and Hispanic children were least likely (60.9 percent). Receipt of preventive dental care rises steadily with increased income: only 58.1 percent of children in families with incomes below 100 percent of the Federal poverty level (FPL) received care in the past year, compared to 82.4 percent of children in families with incomes of 400 percent FPL and above. Children with special health care needs were more likely to receive preventive care than children without special health care needs (78.4 versus 70.6 percent).

In addition to asking parents about their children's use of preventive dental care, the NSCH explored whether parents felt that their children had needed routine preventive dental care over the past year. Parents of children



who had not seen a dentist in the past year (whether for preventive care or treatment) were asked if there had been a time during that period when their children had needed routine preventive dental care. The responses to this question provide evidence that many of these parents are unaware of the recommendation regarding preventive dental care. Of all children who did not receive dental care in the past year, only 11.1 percent had parents who responded that the child needed such care; therefore, the parents of 88.9 percent of children who did not see a dentist did not believe that the child needed preventive dental care in the past year.

Finally, if parents reported that their children had needed preventive dental care—or if they reported that their children had at least one preventive visit in the past year—they were asked whether their children had received all the care they needed. The proportion of children whose parents believed that they did not receive all the care they needed rose steadily with age, from less than 1 percent of 1-year-olds to 20.4 percent of 12- to 17-year-olds. Overall, the parents of 92.9 percent of children responded that the child had received all needed dental care. The most often-cited reasons for children not receiving all needed care included lack of insurance (30.9 percent), high cost of care (29.3 percent), and difficulty getting an appointment (16.2 percent).

Overall, while the survey found that most children, particularly school-aged children and adolescents, are in good dental health and receive regular dental care, deficits remain in the dental care of younger children and in parents' understanding of the need for preventive dental care. It is

hoped that these findings can help policymakers, State and local health officials, oral health professionals, and families understand and address the importance and scope of oral health services for children.

The Technical Appendix of this chartbook presents important information about the survey sample and methodology. For more detailed analyses of the survey results, the Data Resource Center on Child and Adolescent Health (DRC) Web site provides online access to the survey data. The interactive data query feature allows users to create their

own customized tables and to compare survey results at the National and State level, and by relevant subgroups such as age, race and ethnicity, and family income. Sponsored by the Health Resources and Services Administration's Maternal and Child Health Bureau, the Web site for the DRC is: [www.nschdata.org](http://www.nschdata.org)

More complex analyses of the data can be conducted using the public use data set available from the National Center for Health Statistics at: [www.cdc.gov/nchs/about/major/slats/nsch.htm](http://www.cdc.gov/nchs/about/major/slats/nsch.htm)

## Child's First Preventive Visit

*"The first oral examination should occur within 6 months of the eruption of the first primary tooth, and no later than age 12 months."*

—Bright Futures Project (2003)<sup>5</sup>

Bright Futures is a national disease prevention and health promotion initiative funded by the Maternal and Child Health Bureau.

.....

*"An oral health consultation visit within 6 months of the eruption of the first tooth and no later than 12 months of age is recommended to educate parents and provide anticipatory guidance for prevention of dental disease."*

—American Academy of Pediatric Dentistry (2003)<sup>6</sup>

*"Every child should begin to receive oral health risk assessments by 6 months of age by a qualified pediatrician or a qualified pediatric health care professional. If an infant is assessed to be within 1 of the following risk groups, [he/she] should be referred to a dentist as early as 6 months of age and no later than 6 months after the first tooth erupts or 12 months of age (whichever comes first): children with special health care needs; children of mothers with a high caries rate; children with demonstrable caries, plaque, demineralization, and/or staining; children who sleep with a bottle or breastfeed throughout the night; children in families of low socioeconomic status."*

—American Academy of Pediatrics, Section on Pediatric Dentistry (2003)<sup>7</sup>

## Periodicity of Preventive Visits

Although the traditionally recognized interval for oral health supervision is every 6 months, the above organizations suggest that children should be seen on an individualized schedule recommended by the dentist, based on each child's needs and risk factors.